



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

ROBERT W. SWANSON
DIRECTOR

To: Educational Interpreters
Date: Aug. 1, 2006
Subject: EIPA Test

The Michigan Department of Education (MDE), Office of Special Education and Early Intervention Services and the Michigan Department of Labor and Economic Growth's Division on Deaf and Hard of Hearing (DODHH) are now working with the Educational Interpreter Performance Assessment (EIPA) Diagnostic Evaluation Center, located at Boys Town National Research Hospital, Omaha, Nebraska, to provide assessment of educational interpreters. Maureen Wallace will serve as the EIPA Testing Administrator.

The application cost for this assessment is \$25 for current K-12 educational interpreters who are taking the test for the first time. MDE will pay the EIPA fee of \$250. The \$325 fee is for those who are re-taking the test or for candidates who wish to become an educational interpreter.

The next test dates are August 28, 29 and 30, 2006 at the DODHH office in Lansing, Michigan. Future dates and locations will be announced. We are offering eight testing slots each month for the next three years.

If you are interested in taking the test in August or at later dates, please quickly send in your application and fee. You need your supervisor's signature to verify your employment before sending the attached registration form.

To learn more about the EIPA test, look up in the following link
<http://www.boystownhospital.org/eipa/performance/index.asp>

Contact us if you have any questions.

Sincerely Yours,

Chris Hunter, Director
Division on Deaf and Hard of Hearing
201 N. Washington Square, Ste. 150
Lansing, MI 48909
1-877-499-6232 Toll-free TTY or Voice
517-335-6004 TTY or Voice
517-335-7773 Fax
Videophone IP: dodhh.net
hunterc9@michigan.gov

Kathleen A. Brown, Supervisor
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Low Incidence Outreach
1-800-622-6730 ext. 11421
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The Educational Interpreter Performance Assessment ©

Michigan Registration Form

Testing Site: DODHH, 201 N. Washington Square, Suite 150, Lansing, MI

Testing Date: August 28, 29, 30, 2006, others TBA.

Name:			
Address:			Home phone:
City:	State:	Zip Code:	Work phone:
Email address:			
Name of school where you interpret:			
Address:			
City:		State:	Zip Code:
Supervisor's name (Print):			Supervisor's email:
Supervisor's signature (Required only one time for test paid by MDE.)			Supervisor's Phone:

I want to be evaluated on the EIPA using: ELEMENTARY SECONDARY material **(Circle one)**

I will be interpreting using: ASL PSE MCE **(Circle one)**

Fee Enclosed:

☐ \$25 for Educational Interpreters taking EIPA test first time

☐ \$325 for Educational Interpreters re-taking EIPA test

☐ \$325 for other interpreters who wish to take EIPA test

Make checks or money order payable to "State of Michigan" and mail it with this form to:

EIPA – Division on Deaf and Hard of Hearing
201 N. Washington Square, Suite 150
Lansing, MI 48909
1-877-499-6232
wallacem2@michigan.gov

DODHH will confirm by email or phone.

For office use only

Date received:		Check number:	
Date confirmation sent:		Date confirmation from Boys Town:	
Date of test:	Time:		Location: